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CC:**From:** Mark Loen
200 Fernwood Rd
Wintersville, OH 43953**Phone** (740) 266-6771
Fax Phone**REMARKS:**☐ Urgent ☐ For your review ☐ Reply ASAP ☐ Please comment

Dear Sir:

Please find one attached form PTO/SB/81.

Regards,
Mark V. Loen

PTO/SB/81 (08-04)

Approved for use through 11/30/2005. OMB 0651-0035

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Application Number	10/776,975
Filing Date	02/12/2004
First Named Inventor	Mark V. Loen
Title	Method to Accurately Measure
Art Unit	3662
Examiner Name	
Attorney Docket Number	

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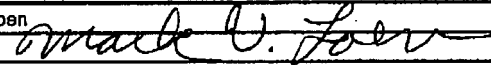
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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record (If assignee, put name, title and company name in the "Name" space below)

Name	Mark V. Loen		
Signature			
Date	Nov. 16, 2004	Telephone	(740) 266-6771

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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